

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

0054955

DOCUMENT # 702218

02-27-2001 90330 013 ****61.25

1. Entity Name

FIRST UNITED PRESBYTERIAN CHURCH, TEQUESTA, FLOR

Principal Place of Business

Mailing Address

**482 TEQUESTA DR.
 TEQUESTA FL 33469**

**482 TEQUESTA DR.
 TEQUESTA FL 33469**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1237866

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERSEY, DONALD D
 482 TEQUESTA DRIVE
 TEQUESTA FL 33469**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAWTHORNE, CHARLES	
STREET ADDRESS	482 TEQUESTA DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, RUSSELL	
STREET ADDRESS	482 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WOOD, JUDIE	
STREET ADDRESS	482 TEQUESTA DRIVE	
CITY-ST-ZIP	TEQUESTA FL 33469	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HERSEY, DONALD D	
STREET ADDRESS	482 TEQUESTA DR.	
CITY-ST-ZIP	TEQUESTA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Anschutz	
STREET ADDRESS	482 Tequesta Drive	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gene Mayer	
STREET ADDRESS	482 Tequesta Drive	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jim Snyder	
STREET ADDRESS	482 Tequesta Drive	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ged Householder	
STREET ADDRESS	482 Tequesta Drive	
CITY-ST-ZIP	Tequesta, FL 33469	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
 Date: 2/21/01

Date

Daytime Phone #

CR2E037 (10/00)